

- SENDER: COMPLETE THIS SECTION**
- Complete items 1, 2, and 3.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SURGE STAFFING, LLC**  
 c/o InCorp Services, Inc.  
 9435 Waterstone Boulevard, Suite 140  
 Cincinnati, Ohio 45249



9590 9402 6204 0220 5385 30

2. Article Number (Transfer from service label)

7018 0040 0000 7903 3882

**RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

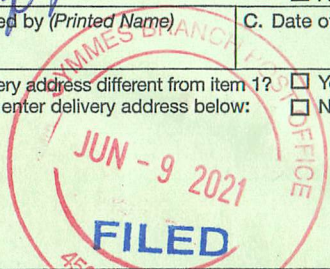
☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No



3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery-Restricted Delivery

☐ Insured Mail

Insured Mail Restricted Delivery  
 over \$500)

☐ Priority Mail Express®

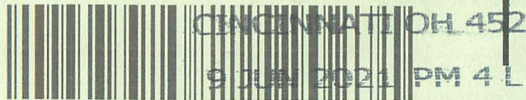
☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Signature Confirmation™

☐ Signature Confirmation  
 Restricted Delivery

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 6204 0220 5385 30

United States  
Postal Service

Northern District of Ohio  
Western Division  
1716 Spielbusch Avenue  
Toledo, Ohio 43604  
ATTN: CLERK OF COURTS

9604-536399

